 CD-174400	NEW MEXICO CORRECTIONS DEPARTMENT	ISSUE DATE: 03/08/02 EFFECTIVE DATE: 03/08/02 REVISED: 02/04/04
	TITLE: Substance Abuse Outpatient Treatment	

AUTHORITY:

Policy *CD-010100*.

REFERENCES:

- A. *Diagnostic and Statistical Manual IV-TR*, “Criteria for Substance Abuse” and “Substance Abuse Termination Plan”.
- B. ACA Standard 4-4439, *Manual of Standards for Adult Correctional Institutions*, 4th Edition.

PURPOSE:

To establish procedures for the provision of outpatient substance abuse treatment programs within the Corrections Department; for the identification of individual treatment needs, admission to specific programs and treatment standards; and for the implementation and operation of pre-release 12-Step sponsorship programs.

APPLICABILITY:

Employees of an NMCD facility that offers Outpatient Substance Abuse Treatment Programs.

FORMS:

12-Step Sponsorship Application Form (*CD-174402.1*)

ATTACHMENTS:

- A. **Consent for Treatment Attachment** (*CD-174401.A*)
- B. **Treatment Consent Withdrawal Attachment** (*CD-174401.B*)
- C. **Outpatient Group Progress Treatment Notes Attachment** (*CD-174401.C*)
- D. **Notice of Aftercare Services Refusal Attachment** (*CD-174401.D*)

DEFINITIONS:

None

POLICY:

The New Mexico Corrections Department, Addiction Services Bureau, will provide substance abuse programs for inmates with drug and alcohol addiction problems, including, but not limited to:


- Staff trained in drug and alcohol treatment who design and supervise the programs;
- The selection and use of trained former addicts and recovered alcoholics to serve as employees or volunteers in the programs;
- Coordination with community substance abuse programs;
- Efforts to motivate addicts to seek help and to set realistic goals for the rehabilitation of inmates with substance abuse problems; and
- Use a variety of approaches to provide flexibility to meet the varying needs of different addicts.

Inmates may voluntarily request participation in the outpatient substance abuse treatment program to explore substance abuse and dependency behaviors.



Joe R. Williams, Secretary of Corrections
New Mexico Corrections Department

02/04/04
Date

 CD-174401	NEW MEXICO CORRECTIONS DEPARTMENT	ISSUE DATE: 03/08/02 EFFECTIVE DATE: 03/08/02 REVISED: 02/04/04
	TITLE: Admission and Treatment Criteria	

AUTHORITY:

Policy *CD-174200*.

PROCEDURES:

A. General Admission Guidelines:

1. Inmates may voluntarily request to enter the outpatient substance abuse treatment program by making a verbal and/or written request to Addiction Services at their respective facilities. This request will be documented in the clinical file.
2. The inmate must be willing to learn about 12-Step recovery programs such as Alcoholics Anonymous and Narcotics Anonymous and/or any voluntary substance abuse recovery program offered within the corrections system, such as a support group, rational recovery or other. It is recommended that inmate voluntarily attend two 12-Step meetings per week.
3. The substance abuse therapist for assessments and interventions may utilize individual sessions when a participant is having difficulties in group therapy and to encourage and problem-solve regarding 12-Step program participation.
4. Participants must have a history of drug and/or alcohol abuse or dependency.
5. Participants must make a commitment to attend all 8-week group sessions.
6. Participants must honor the confidentiality and privacy of other group members.
7. Participants are expected to take an active role in their treatment through group discussions.
8. Participants must be willing to explore new ways of learning and practicing treatment tools.

B. Exclusionary Criteria and Behavior:

1. Participants will be asked to leave a group session if he/she comes to group under the influence of any substance. (Medically prescribed medications are specifically excluded.) If there is more than one incident of the above, the individual will be dismissed from the substance abuse group.
2. Participants whose behavior interferes with the group process, security, management and/or control of the group will be removed from the group.

3. Participants who miss two sessions with unexcused absences will be dropped from the group.
4. Participants arriving to group late without a valid excuse will not be admitted to the group on that day. This will be recorded as an unexcused absence on the group progress notes.

Note: *All participants who are dismissed from the group may re-apply for the next 8-week session.*



Joe R. Williams, Secretary of Corrections
New Mexico Corrections Department

02/04/04
Date

**New Mexico Corrections Department
Addiction Services
Consent for Treatment**

The following Addiction Services have been recommended to me:

☐ Therapeutic Community Application Interview ☐ Therapeutic Community Treatment Program

☐ Outpatient Addiction Services Group: (Name) _____

I understand that my alcohol and substance abuse records are protected by federal regulations as defined in 42 CFR Part 2 and cannot be disclosed without my written consent except as provided for in these regulations.

I am aware that the practice of psychology / psychiatry / social work / addictions treatment is not an exact science. As a consequence, I acknowledge that no guarantee has been made to me concerning the outcome of any evaluation or treatment that may be rendered. Further, I understand that evaluation and treatment will involve the discussion of personal information about my history that, at times, can be discomforting.

Limitations on Confidentiality:

I understand my rights of confidentiality apply to all communications with the therapist subject to the limitations as described below. Specifically, I understand that, while mental health / substance abuse information is confidential, there are exceptions; A therapist is required to disclose confidential information without my consent under certain circumstances that include, but are not limited to, the following: (a) if it is determined that I pose a danger to myself or others or the security of the institution, (b) if I divulge information which would cause the therapist to develop a reasonable belief that I have abused or neglected a minor, an elderly or disabled person, or a member of another protected class, (c) if I file a suit against the therapist for malpractice.

I further understand that, while every effort will be made to guard my confidentiality, because of the nature of group therapy, absolute confidentiality cannot be guaranteed.

Duration of Consent

I am aware that I may withdraw my consent at any time with appropriate written notice. However, I agree that this authorization will remain in effect for the duration of all professional Mental Health / Addiction Services rendered, or until such authorization is revoked by me in writing. I agree that a photocopy of this form may be used in lieu of the original.

Inmate Signature	Date	Addiction Services Provider (Signature)	Date
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Inmate Name: _____ **NMCD #:** _____ **Facility:** _____

Addiction Services Provider _____
(Print)

**New Mexico Department of Corrections
Addiction Services**

Treatment Consent Withdrawal

Whereas: I, _____, NMCD # _____, having contracted to participate in the Therapeutic Community Program or other Addiction Services Treatment, have decided to withdraw my voluntary consent to continue this treatment. I do so of my own free will under no threat or promise from anyone. I have been advised that this decision is against the treatment advise of the Addiction Services Therapeutic Community Staff or other Addiction Services Staff and have decided to withdraw my consent regardless of this advise and request transfer out of the Therapeutic Community Program or other Addiction Services Treatment effective immediately.

Inmate Signature

NMCD #

Date

Addiction Services
Provider (Signature)

Inmate Name Printed

Addiction Services Provider
(Printed)

**New Mexico Department of Corrections
Addiction Services**

Outpatient Group Progress Treatment Notes
(Bi – Weekly or Every Two Sessions)

Addiction Services Outpatient Group Name: _____

Treatment Provider: _____ Date(s) of Group(s): _____ / _____

Group#: _____ ATTENDED? ____ Yes ____ No
Intervention/Topic: _____ Length of Group: _____

Group# #: _____ ATTENDED? ____ Yes ____ No
Intervention/Topic: _____ Length of Group: _____

Rating Codes:

1 = Very Unsatisfactory, 2 = Slightly Unsatisfactory, 3 = Appropriate / Adequate / Satisfactory,
4 = Showing Progress / Improvement, 5 = Very Positive / Marked Improvement.

Evaluation Criteria

Rating

A - Demeanor / bearing / Attitude	
B - Responses: Thoughtful / Relevant / Sincere	
C - Participation: Attentiveness / Engagement	
D - Verbalization: States - Processes Feelings	
E - Change Readiness	

Progress Notes:

Inmate Name: _____ NMCD #: _____ Facility: _____

NEW MEXICO DEPARTMENT OF CORRECTIONS

ADDICTION SERVICES


Therapeutic Community Program

Notice of Aftercare Services Refusal

I, _____, NMCD # _____, having been advised of my options for the aftercare services available to me as a Therapeutic Community or Addiction Services program participant **DO NOT** wish to participate in the recommended aftercare program as described to be my Addiction Services counselor. I do so of my own free will under no threat or promise from anyone. I have been advised that this decision is against the treatment advise of the NMCD Addiction Services Staff and have, in any decided not to accept their recommendations for aftercare programs or services.

I further understand that, should I decide at a future date to take advantage such aftercare services or specific program, I need only present myself to Addiction Services staff and revoke this refusal. I will then be fully eligible to receive aftercare services as appropriate to my needs and availability.

Inmate Signature_____
NMCD #_____
Date_____
AS Counselor (Signature)_____
Inmate Name Printed_____
AS Counselor (Printed)

 CD-174402	NEW MEXICO CORRECTIONS DEPARTMENT	ISSUE DATE: 03/08/02 EFFECTIVE DATE: 03/08/02 REVISED: 02/04/04
	TITLE: Criteria for 12-Step Institution Sponsorship Programs	

AUTHORITY:

Policy *CD-174400*.

PROCEDURES:

- A. In order to qualify as a “Sponsor”, the requested volunteer must have already been approved as an institutional volunteer. No additional visiting qualification is required of the sponsor.
- B. Any inmate wishing to begin working with an A/A, N/A or C/A Sponsor while still incarcerated, initiates the process by inviting an approved volunteer of the inmate’s choice at the facility where the inmate is initiating the request to accept sponsorship of the inmate.
- C. Once the A/A, N/A or C/A volunteer accepts the inmate’s invitation to become a 12-Step sponsor for the inmate, the inmate will obtain a Sponsorship application from any Addiction Services provider or classification officer. Therapeutic Community residents will obtain the Sponsorship application from the TC staff only.
- D. The Sponsorship request application shall include the name of the inmate, the NMCD#, and the name of the requested volunteer as the proposed sponsor. The application shall also specify whether the volunteer is from Alcoholics Anonymous (A/A), Narcotics Anonymous (N/A) or Cocaine Anonymous (C/A).
- E. The inmate will return the completed application to any Addiction Services provider or classification officer where the inmate is housed.
- F. The staff member receiving the completed application will review the form/application for completeness and acknowledge his review by signing the form. The staff member will then submit the completed application to the Warden of the facility or a designee for final approval.
- G. The Warden or the designee will approve or disapprove the application.
- H. If the application is disapproved, the application must be returned to the inmate applicant within three days of the denial, stating why the request has been denied and what the inmate needs to do to gain approval.

- I. Once the application is approved, the sponsor's name will be added to the inmate's approved visiting list. Adding the sponsor to the list will not count against the total number of visitors an inmate is allowed to put on the visitor's list. For example, if an inmate were allowed to have 15 visitors on his list before the addition of the sponsor, the inmate will still be allowed 15 other visitors after the sponsor is added. The time spent with a sponsor will not be counted against the inmate's total visiting time.
- J. Sponsors will be allowed to visit during the institution's regular visiting hours.
- K. Sponsors will be allowed to bring in approved 12-Step materials such as books and pamphlets. All such materials entering the facility are subject to search.
- L. Copies of all approved/disapproved sponsor applications will be applied to all reviewing staff as well as the originating inmate.



Joe R. Williams, Secretary of Corrections
New Mexico Corrections Department

02/04/04
Date

**NEW MEXICO CORRECTIONS DEPARTMENT
ADDICTION SERVICES BUREAU
ADDICTION SERVICES**

12 – STEP SPONSORSHIP APPLICATION

Inmate Name: _____ **NMCD #** _____

I am respectfully requesting that the volunteer listed below be added to my visitation list as my 12-Step Sponsor.

Proposed Sponsor Name: _____

Volunteer with (Circle one): A/A N/A C/A

Thank you.

Reviewed By:

Signature of Staff Submitting Application

APPROVED: ____

DISAPPROVED: ____ *

Warden or Designee

* Reason for Disapproval:

